

ADA/Title VI Compliance Office Civic Center Plaza 333 W Ocean Blvd, 9th Floor Long Beach, CA 90802

(562) 570-6257 heather.blackmun@longbeach.gov

## TITLE VI DISCRIMINATION COMPLAINT

| Name of Complainant                                                                                                                                                                                      | Telephone Number:                                                       | Email:              |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|---------------------|--|
| Mailing Address                                                                                                                                                                                          | ( )                                                                     |                     |  |
| What is the most convenient time for us to contact you about this complaint?                                                                                                                             |                                                                         |                     |  |
|                                                                                                                                                                                                          |                                                                         |                     |  |
| Basis of Discrimination                                                                                                                                                                                  | If you have a representative, please provide the following information: |                     |  |
| RaceDisability                                                                                                                                                                                           | Name:                                                                   |                     |  |
| Age                                                                                                                                                                                                      | Firm Name:                                                              |                     |  |
| National OriginSex                                                                                                                                                                                       | Address:                                                                |                     |  |
| Creed                                                                                                                                                                                                    | Telephone Number: ( )                                                   |                     |  |
| Date and place of the alleged discrimination.                                                                                                                                                            |                                                                         |                     |  |
|                                                                                                                                                                                                          |                                                                         |                     |  |
| Explain as clearly as possible what happened and why you believe you were discriminated against. Include how other persons were treated differently from you. (Attach additional page(s), if necessary). |                                                                         |                     |  |
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|                                                                                                                                                                                                          |                                                                         |                     |  |
| Names of individuals responsible for the discriminatory action(s):                                                                                                                                       |                                                                         |                     |  |
|                                                                                                                                                                                                          |                                                                         |                     |  |
| Names of individuals (witnesses, fellow employees, supervisors, or others) whom we may contact for additional information to support or clarify your complaint:                                          |                                                                         |                     |  |
| Name Address                                                                                                                                                                                             | <u>S</u>                                                                | <u>Phone Number</u> |  |
|                                                                                                                                                                                                          |                                                                         |                     |  |
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| The laws prohibit retaliation against anyone because he/she has taken action, or participated in an action, to secure rights protected by these laws. If you feel you have been retaliated against (separate from the discrimination alleged above), please explain the circumstances below. Please explain what action you took which you believe was the basis for the allegation.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                             |  |
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| What remedy, or action, are you seeking for the alleged discrim                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ination?                                                    |  |
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| Have you filed this compliant with any other Federal, State, or l                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ocal agency, or with any Federal or State court?            |  |
| YesNo                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                             |  |
| If yes, check all that apply:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                             |  |
| U.S. Equal Employment Opportunity Commission                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Federal or State Court                                      |  |
| Department of Fair Employment and Housing                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Federal Highway Administration/U.S. Dept. of Transportation |  |
| Federal Transit Administration/U.S. Dept. of Transportation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                             |  |
| If you have already filed a charge or complaint, please provide the following information:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                             |  |
| Agency/Court:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | _ Attorney Name:                                            |  |
| Address:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | _ Firm Name:                                                |  |
| Date Filed:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | _ Address:                                                  |  |
| Case Number:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Telephone Number: ()                                        |  |
| Date of Trial Hearing:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                             |  |
| Status of case:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                             |  |
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| Please provide any additional information that you believe would assist in the investigation:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                             |  |
| 1.0000 p. 0.100 m.j additional m. 1.100 | a acond in the investigation.                               |  |
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| Note: The use of the complaint form is not mandatory. You may submit your complaint in any form that includes your signature. Please sign and date the complaint form below.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                             |  |
| Signature of Complainant: Date of Filing:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                             |  |
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Complaints may also be filed with the Federal Highway Administration by contacting (202)366-0693 or <a href="mailto:CIVILRIGHTS.FHWA@FHWA.DOT.GOV">CIVILRIGHTS.FHWA@FHWA.DOT.GOV</a>.